



# COUNTY OF SAN DIEGO

## WAGE AND SALARIES CLAIM FORM

Date \_\_\_\_\_  
Month/Year

Name \_\_\_\_\_

EmplID \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. ( ) - \_\_\_\_\_

I, \_\_\_\_\_, certify that I am owed \$ \_\_\_\_\_ by the County of San Diego,  
Dept. \_\_\_\_\_ for the following reason(s)\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Attach documentation in support of claim, if applicable

I declare under penalty of perjury under the laws of the State of California that the information in the foregoing claim is true and correct.

Executed on this \_\_\_\_\_ day of 20\_\_\_\_, at San Diego, California.

By: \_\_\_\_\_  
Signature of Claimant

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### TO BE COMPLETED BY THE RESPONSIBLE COUNTY DEPARTMENT

I certify that the amount claimed by claimant as wages and/or salary owed to claimant is accurate. This Department requests that the Auditor and Controller issue a warrant payable to the claimant for the amount claimed herein.

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_